



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 914

**DATE:** June 25, 2010

**TO:** Iowa Medicaid Physicians, Audiologists and Hearing Aid Dispenser Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** LT and RT Modifiers  
V5267 – Hearing Aid Supplies/Accessories

**EFFECTIVE:** July 1, 2010

### 1. Modifiers

The left and right modifiers (LT and RT) have been added to the following hearing aid codes. Claims submitted for dates of service on or after July 1, 2010 should include the appropriate modifier.

V5014	Repair/modification of hearing aid, out of house
V5014-U5	Repair/modification of hearing aid, in-house
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5090	Hearing aid dispensing fee, monaural, non nursing home
V5264	Ear mold/insert, not disposable, any type
V5267	Hearing aid supplies/accessories
V5299	Hearing aid, not otherwise classified
W0121	Hearing aid selection (hearing aid dispenser)
W0122	Hearing aid dispensing fee, monaural, nursing home
W0125	Service/handling charge, out of house repair/modification
W0127	Service charge, ear mold
W0128	Annual service charge, hearing aid

### 2. V5267 – Hearing Aid Supplies/Accessories

An invoice is no longer required when submitted charges for this code are less than \$51.00 for dates of service on or after July 1, 2010. The invoice must still be submitted with the claim when the charges are \$51.00 or more.

One unit = one individual item, not a package of one or more items.

If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).